| Effective October 1, 2000  |  |   |                       |                                       |          |                    |                 |                        | 107/04/15    |              |          |                     |                   |  |
|--|--|---|-----------------------|---------------------------------------|----------|--------------------|-----------------|------------------------|--------------|--------------|----------|---------------------|-------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                       |                                       |          |                    |                 | SMALL ENTITY OTHER THA |              |              |          |                     | ER THIAN          |  |
| TOTAL CLAIMS   |  |   |                       |                                       |          |                    |                 |                        |              |              | O.       | R SMAI              | LL ENTITY         |  |
| FOR  |  |   | NILIME                | NUMBER FILED                          |          | NUMBER EXTRA       |                 | RAT                    |              | FEE          | 4        | RATI                |                   |  |
| TOTAL CHARGEABLE CLAIMS  |  |   |                       | <del> </del>                          |          | NOWBEREXINA        |                 | BASIC                  | PEE          | 355.0        |          | R BASIC F           | EE 710.0          |  |
| INDEPENDENT CLAIMS   |  |   | 3                     | minus 20=                             |          |                    |                 | X\$ 9                  | =            |              | OI       | R X\$18:            | =                 |  |
|  |  |   | <u> </u>              | minus 3 =                             |          |                    |                 | X40                    | =            |              | OF       | X80≈                | 1                 |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                       |                                       |          |                    |                 | 1125                   |              | <del></del>  | 7        |                     | <del>- </del>     |  |
| * If th  | e differen                                     | ce in column 1.                         | is less than          | less than zero, enter "0" in column 2 |          |                    | Ī               | +135                   |              | ·            | OF       | L                   |                   |  |
|  |  |   |                       | MENDED - PART II                      |          |                    |                 | TOTA                   | L            |              | OF       | R TOTAL             | · L               |  |
| 1-3#   | 1  | (Column 1                               |                       | (Column 2) (Column 3)                 |          |                    | )               | SMAL                   | L EI         | NTITY        | OR       |                     | R THAN<br>LENTATY |  |
| <b>∠</b>   |  | , CLAIMS<br>REMAINING                   |                       | HIGHI<br>NUME                         | EST      | PRESENT            | ז ו             |                        |              | ADDI-        | 7        | OHIVE               | ADDI-             |  |
| LEN ME   |  | AFTER AMENDMEN                          | г                     | PREVIO PAID F                         |          | EXTRA              |                 | RATE                   | : <b> </b> ⊤ | IONAL<br>FEE |          | RATE                | TIONAL            |  |
| Ž To   | otal   | . 25                                    | Minus                 | " 7                                   | <u> </u> | =                  | 1               | X\$ 9=                 | 1            | ree          |          | 1                   | FEE               |  |
| AMENDMENT  | dependent                                      | . 3                                     | Minus                 | ***                                   | <u>Ž</u> | =                  | 1 }             | <del></del>            | - -          | X            | OR       |                     | <del>-</del>      |  |
| FI   | RST PRES                                       | ENTATION OF I                           | MULTIPLE D            | EPENDENT                              | CLAIN    |                    | 1               | X40=                   | _ _          | _//          | OR'      | _X80=               |                   |  |
|  |  |   |                       |                                       |          |                    | 1               | +135=                  |              | 0            | OR:      | +270=               |                   |  |
|  |  | . *                                     |                       |                                       |          |                    | <b>ــ</b><br>۵۱ | TOTA<br>DDIT. FE       |              |              | OR       | TOTAL<br>ADDIT. FEE |                   |  |
|  |  | (Oolumn 1)<br>CLAIMS                    | FIFT TOTAL CONTRACT   | (Colum                                |          | (Column 3)         |                 | JU11. 1 C              | -            |              |          | AUDII. FEE          |                   |  |
|  |  | REMAINING<br>AFTER                      |                       | HIGHE<br>NUMBE                        | ER       | PRESENT            | ŀΓ              |                        |              | DDI-         | ſ        |                     | ADDI-             |  |
| AMENDMENT B  |  | AMENDMENT                               |                       | PREVIOU<br>PAID FO                    |          | EXTRA              |                 | RATE                   |              | ONAL<br>FEE  |          | RATE                | TIONAL<br>FEE     |  |
| Tot  |  | *                                       | Minus                 | ••                                    |          | =                  |                 | X\$ 9=                 |              |              | OR       | X\$18=              | 155               |  |
| Ind  | ependent                                       |   | Minus                 | ***                                   |          | =                  | -               | X40=                   | ╁            |              | ŀ        | <del></del>         |                   |  |
| THH  | ST PRESE                                       | NTATION OF M                            | ULTIPLE DE            | PENDENT C                             | LAIM     |                    | -               | <del></del>            | ┨—           |              | OR       | X80=                |                   |  |
| :  |  | • '                                     |                       |                                       |          | •                  | Ŀ               | +135=                  | L            | ŀ            | OR       | +270=               |                   |  |
|  |  |   |                       |                                       |          |                    | AD              | TOTAL<br>DIT. FEE      |              |              | ⊃R ₄     | TOTAL<br>DDIT. FEE  |                   |  |
|  |  | (Column 1)<br>CLAIMS                    | at with the same with | ' (Column                             |          | (Column 3)         |                 |                        |              |              | ,        |                     |                   |  |
|  |  | REMAINING                               |                       | HIGHES<br>NUMBER                      | R        | PRESENT            |                 |                        | AD           |              | Γ        |                     | ADDI-             |  |
|  |  | AFTER AMENDMENT                         |                       | PREVIOUS<br>PAID FOI                  |          | EXTRA              | F               | RATE                   |              | NAL<br>EE    |          | RATE                | TIONAL            |  |
| Tota   | 1  | •                                       | Minus                 | **                                    |          | =                  |                 | \$ 9=                  |              |              | <b>-</b> | V040                | FEE               |  |
|  | pendent  | •                                       | Minus                 | ***                                   | ,        | = .                | 1               | 40=                    |              | °            | PR       | X\$18=              |                   |  |
| FIRS   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                       |                                       |          |                    |                 |                        |              | c            | R        | X80=                |                   |  |
| #135=  |  |   |                       |                                       |          |                    |                 |                        |              | Ö            | R.       | +270=               |                   |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |  |   |                       |                                       |          |                    |                 |                        | 0            | `` <b>L</b>  | TOTAL    |                     |                   |  |
|  |  | ber Previously Pa<br>er Previously Paid |                       |                                       |          |                    | ADDI            | T. FEE L               |              |              |          | DIT CCC             |                   |  |
| 4 PTO e  |  |   |                       | pondoin/                              |          | .g.rost Hullibel I | ouild (f        | ı une app              | юрпа         | ie dox in    | colum    | in 1.               | 1                 |  |

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number